PROVIDER INQUIRER

September 1st, 2005   www.michigan.gov/mdch

Featured Articles

Medicaid Tracking System

Medicaid does not have a claim status mechanism. Medicaid relies on the Medicaid Remittance Advice (RA) in order for providers to inquire about information on a claim.

If you have questions on the status of a claim, you may contact the Medicaid Provider Inquiry Unit at 1-800-292-2550.

The information that you will need is the Claim Reference Number (CRN) reported on the RA. Every claim will have a unique CRN.

The CRN is made up of unique characters that are used for specific purposes. Here's an example of a CRN:

CRN = 5001203770-01
1st digit (5) = year of 2005
2nd - 4th digit (001) = Julian date for January 1
5th - 10th digit (203770) = Consecutive number of invoices
11th - 12th digit (-01) = Internal method of processing, the billing agent ID

Medicare Non-Covered Services

Medicaid is always the payer of last resort. Therefore all other insurances that a beneficiary has are to be billed before Medicaid can be billed.

If the beneficiary has Medicare and the services are Medicare non-covered services, you must report this information on the claim to Medicaid.

For institutional claims, providers are to report Medicare non-covered services by using the appropriate occurrence codes.

For professional claims, providers need to report the appropriate modifier. The GY modifier is to identify services that are excluded from Medicare coverage.

If you have any questions on how to report Medicare non-covered services, please contact Provider Inquiry at 1-800-292-2550.

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What's New

Medicaid Institutional Billing Resource

Medicaid provides resources and additional information per provider types posted at our website within the Provider Updates link. A new document added to the Provider Updates link is the MDCH Medicaid Institutional Billing Resource. You can review this website online at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Updates.   This guide is located within the Provider Tips section.

The Medicaid Institutional Billing Resource is posted in these areas and it is a very useful tool for all institutional Medicaid providers. This document gives multiple billing issues, the types of providers that the issue affects and the action needed to resolve the issue.

Some issues that this document addresses include:

- Information needed to attach documentation
- How to handle claims that need individual consider
- How to report a private room
- 15 day readmission issues
- How to report hospital leave days
- How to properly report other insurance information

The document gives detail on all of the issues above plus many more. Any providers experiencing problems with any of these issues are encouraged to review the document before contacting Medicaid with questions. If after reviewing the information your issues are still not resolved, and then contact the Provider Inquiry Unit at 1-800-292-2550.

Any suggestions or additions that you have for the Medicaid Institutional Billing Resource, please email them to ProviderSupport@michigan.gov.

Provider Inquiry Unit

The Provider Inquiry Unit is available to help assist providers with Medicaid questions. When providers call in inquiring about specific claim questions, our Medicaid representatives will always ask specific questions about your claim. Below we give you the information that you should have ready before calling the Provider Inquiry Unit.

For efficient use of your time when calling the Provider Inquiry Unit, the primary tool we have to assist with answering your billing questions is the remittance advice (RA). When calling into the Provider Inquiry Unit, please have the RA ready. From the RA, Medicaid relies on the Claim Reference Number (CRN) for reviewing information about the claim. In order for a Medicaid representative to look at any information on your claim, we will need the CRN of the claim in question.

Medicaid provides explanation codes for every claim on the RA. Please reference the list of explanation codes used to process your claim before calling the Provider Inquiry Unit. Providers can access these codes at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Explanation Codes. The explanation codes should be able to answer most questions that providers have, however if providers still have questions the Provider Inquiry Unit can help.

When providers have the RA at hand while calling the Provider Inquiry Unit, it helps the Medicaid representative to obtain the information needed during the call. The RA can assist us in knowing the provider type and ID as well as the claim lines you billed, any modifiers that showed up on your claim, the date of service, Medicaid explanation codes used to process your claim, and much more.

Your wait time to speak to a representative can be reduced if each provider is prepared with the tools necessary for us to assist you before calling, leading to more efficient assistance from Medicaid.

The State of Michigan offices will be closed:

Monday, September X, 2005 - Labor Day